State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
001727775	Summit Choice Health LLC	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Rachel Lord
Business Name: Summit Choice Health LLC
No. and Street: PO Box 477
City or Town: Westerly State: RI Zip: 02891 Country: USA
Contact Phone: 8609178035 ext:
Contact Email: summitchoicehealth@gmail.com